

What is a Level 4 Issue?

By Scott Williams, Deputy Director



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(Martha Hughes Cannon Building, Salt Lake City) - There are a few challenges that all public agencies have in common. Among the most notable is that the number of seemingly critical issues before us keeps increasing. This guarantees one of three results. One is that we get more and more busy, but often less and less effective. Another is that we allow our priorities to be set for us by reacting to requests for time on our schedule, the demands of the squeaky wheels, and the new issue of the week. The third approach is to actively direct our resources toward defined priorities. But in the rapid-fire, shifting-sands world of government, this often easier said than done.

The Utah Department of Health's Executive Director, **Rod Betit**, is making a concerted effort to implement an approach to priority management across the agency based on beliefs that the issues ripe for progress can be systematically identified, that many of us have a relatively short time to make a contribution in public service, and that each of us has personal talents, partnerships, and interests that determine where we are likely to make the biggest impact. Based on Rod's pyramid-shaped model of "Strategic Doing," staff in UDOH are asked to consciously assign the issues before them to one of four priority action levels.

Level One issues involve Core Process Quality Assurance and are focused on the day-to-day department activities that must be running smoothly before an individual or program has the time or credibility to take on new challenges and innovation. Such issues as accurate and timely payment of Medicaid claims or the ordering, storage, and distribution of childhood vaccine products to local clinics would be examples of level one issues. If these kinds of functions aren't running smoothly they tend to consume a great deal of an agency's time and energy. At the UDOH, the responsibility for these issues is placed

as close to the operations process as possible.

Level Two issues relate to Core Program Outcome Improvement and are focused on improving measurable health benefit that results from existing services. These initiatives usually implement new ways of doing business and often involve new internal and external partnerships. Some may even require new legislation or funding. Current examples of this activity include the development of a Statewide Trauma System by the Bureau of Emergency Medical Services and the current reassessment of the resources, scope and goals of the Utah Medical Assistance Program.

Level Three includes Emerging Issues to Monitor, which is a list of topics that have potentially significant implications for the Department and the State but where there is not yet a clearly defined strategy or constituency to support activities that would lead to progress. These level three issues are researched and monitored by designated UDOH staff who are the closest to the action and their status is periodically reported to a member of the Department's management team. Public policy responses to the increasing antibiotic resistance of common disease-causing bacteria is an example of a UDOH level three issue. (109121) Another is the impact of the new genetic technology on the public sector's role in the prevention and detection of disease.

Level Four issues involve New Initiative Development and Major Program Re-engineering. These are the issues with the potential for broad impact across the organization's area of influence and are determined to have the scientific foundation and potential for community support that make them ripe for significant progress. These projects have been exposed to extensive input and review and are given priority for the time and UDOH resources. Priorities are assigned to a specific UDOH manager for accountability and others are involved based on their interest and track record in successfully handling level one, two and three issues. Current level four issues include Medicaid's long term care demonstration project



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for providing more flexible service options for nursing home patients, the development of statewide patient safety policies to respond to recent reports of medical errors in hospitals, and the implementation of improved mechanisms to detect and respond to bioterrorism events in anticipation of the Olympics and beyond. (The current level 4 issues are to the right.)

Rod calls this four level priority and action process the “Strategic Doing Pyramid” and prefers it to the traditional approaches to strategic planning because it takes less process to develop and perpetuate, has direct personal action and responsibility implications, and is dynamic and flexible enough to respond to our rapidly changing environment. It is portrayed as a pyramid to emphasize that successfully managing the level one issues is the foundation of the agency, that opportunities at each subsequent level require the successful management of the one below it, and that available time and resources dictate that there will be fewer issues at each level as one moves up.

Although this approach is still being fully implemented throughout the Department, it is clear that the delegation of important level one and two issues to staff within UDOH has created a work setting of increased autonomy with accountability among those who’ve subscribed to this model. It is adaptable to different levels of responsibility and each employee, program, bureau, office and division at UDOH is expected to be able to describe their work in terms of a four level pyramid list and to organize their time accordingly. Where this approach has been embraced, efforts by UDOH employees have resulted in significant improvements and have also freed UDOH’s executive staff’s time to work on Department-wide level four issues. (140948) This increased level four attention from Rod and his management team has significantly improved the Department’s ability to make progress in areas such as childhood immunization rates, tobacco control, American Indian health care system issues, youth suicide

prevention, and health information systems development. Rod understands that there are many ways of prioritizing issues and directing agency resources and that there is no one right way. But he and his staff at UDOH know that time is short, the resources limited, and that focus is required to assure that we can look back and say that we made a difference during our public service. I encourage all state employees and agencies to utilize such an approach to their work so that we can all make a difference together.

2000-2001 OFFICE OF THE EXECUTIVE DIRECTOR LEVEL 4 ISSUES

Rod Betit, Executive Director

Health Care Access

American Indian Health Care System

Long Term Care Demo Project (Flex Care)

Information Systems Integration

Dick Melton, Deputy Director

Staff Public Health Training

Information Systems Development

Injury Prevention

Rural Public Health Centers

Scott Williams, Deputy Director

Childhood Immunizations

Olympics/Public Health Coordination

Tobacco Reduction Initiatives

Patient Safety

Healthy People 2010 Implementation